

# All City Orchestra at the Mann. Summer Academy

Lead Artistic Partner The Philadelphia Orchestra



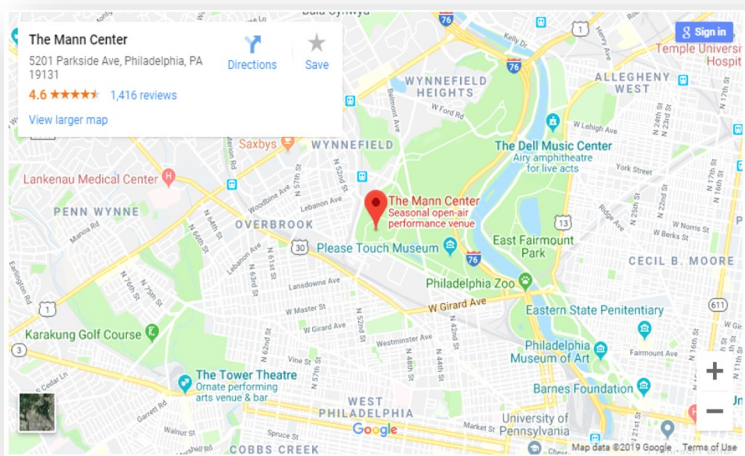
This summer, the School District of Philadelphia, The Philadelphia Orchestra, the Mann Center for the Performing Arts, and Project 440 will partner together to launch a 2-week summer orchestra academy! **July 15th - July 26th (9am - 2:30pm)**

All City Orchestra Summer Academy (**ACOSA**) will help extend the All City Orchestra program into the summer months, giving the opportunity for students to enjoy a high-quality music learning experience close to home. Students will be immersed in the beautiful Mann Center campus while interacting with master school district teachers, Project 440 Teaching Artists and the “Fabulous Philadelphians” when The Philadelphia Orchestra is in residency at the Mann.

**ACOSA** will be **free of charge** to Philadelphia School District Orchestra students. Transportation assistance, lunch, and snacks will be provided during the program as well!

Registration forms will be sent out by email on **Friday, March 8, 2019.**

Deadline for registration is **Monday, April 1, 2019.** Registration does not guarantee acceptance, as a limited number of registration spots exist. Acceptance into ACOSA is on a first-come, first-served basis.





**Application Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname/Preferred Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

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With whom do you reside? \_\_\_\_\_

What is your primary instrument? \_\_\_\_\_

Do you take private lessons, if so with whom? \_\_\_\_\_

Do you own your instrument? \_\_\_\_\_

Name of Applicant's Current School \_\_\_\_\_

Grade going into the Fall \_\_\_\_\_

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Have you attended a summer/enrichment program in the past two years? \_\_\_\_\_

Program #1 Name \_\_\_\_\_

Program #1 Year(s) Attended \_\_\_\_\_

Name of Program #2 \_\_\_\_\_

Program #2 Year(s) Attended \_\_\_\_\_

Does the applicant have a chronic health problem or disability about which the medical staff should know?  
\_\_\_\_\_

Please explain the details of the condition, diagnosis, treatment (including medications), and any possible restrictions of activities. \_\_\_\_\_

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Has the applicant's education ever been interrupted because of medial/emotional issues, suspension, expulsion, or as the applicant ever been asked to withdraw from any school? \_\_\_\_\_

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Please explain the nature of the issue/circumstance, the applicant's current educational status, and the affected grades and placement in school. \_\_\_\_\_

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Parent/Guardian First Name \_\_\_\_\_

Parent/Guardian Last Name \_\_\_\_\_

Parent/Guardian Relationship to Student \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

Parent/Guardian Employer \_\_\_\_\_

Parent/Guardian Mailing Address \_\_\_\_\_

Parent/Guardian Mailing City \_\_\_\_\_

Parent/Guardian Mailing State/Province \_\_\_\_\_

Parent/Guardian Mailing Zip/Postal Code \_\_\_\_\_

Parent/Guardian Work Phone \_\_\_\_\_

Parent/Guardian Home Phone \_\_\_\_\_

Parent/Guardian Mobile Phone \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_



**TRAVEL FORM (REQUIRED)**

**CONTACT INFORMATION:**

\_\_\_\_\_  
STUDENT FIRST NAME

\_\_\_\_\_  
STUDENT LAST NAME

\_\_\_\_\_  
PARENT/GUARDIAN FIRST NAME

\_\_\_\_\_  
PARENT/GUARDIAN LAST NAME

\_\_\_\_\_  
PARENT/GUARDIAN CELL PHONE

\_\_\_\_\_  
STUDENT CELL PHONE (IF APPLICABLE)

\_\_\_\_\_  
PERMANENT STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE/PROVINCE

\_\_\_\_\_  
POSTAL CODE

\_\_\_\_\_  
PARENT/GUARDIAN PRIMARY EMAIL

**TRAVEL INFORMATION:**

Arrival date for all students will be Monday, July 15<sup>th</sup>, 2019 between the hours of 9:00 AM and 2:30 PM. All City Orchestra Summer Academy programming ends on Friday, July 26<sup>th</sup>, 2019 at TBD pending final performance.

**ARRIVAL**

**DEPARTURE**

\_\_\_\_\_  
PARENT/GUARDIAN DRIVING

\_\_\_\_\_  
PARENT/GUARDIAN DRIVING

\_\_\_\_\_  
SEPTA BUS ROUTE NUMBER

\_\_\_\_\_  
SEPTA BUS ROUTE NUMBER

\_\_\_\_\_  
SEPTA TRAIN ROUTE NAME-STOP

\_\_\_\_\_  
SEPTA TRAIN ROUTE NAME-STOP

**STUDENTS TO REPORT TO MANN CENTER BETWEEN 8:30 AM – 9:00 AM**

**PROGRAM DISMISSAL IS PROMPTLY AT 2:30 PM**

Please Email this form to: [ngonzalez@manncenter.org](mailto:ngonzalez@manncenter.org)

Hard Copies can be mailed:

The Mann Center for the Performing Arts  
c/o All City Orchestra Summer Academy  
123 South Broad St  
Suite 815  
Philadelphia, PA 19109



## Health Form (REQUIRED)

(This side to be completed by Parent/Guardian before presenting to Physician)

<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <small>STUDENT'S LAST NAME</small>	<small>STUDENT'S FIRST NAME</small>	<small>DATE OF BIRTH (MM/DD/YY)</small>
<small>HOME ADDRESS</small>	<small>CITY/STATE/ZIP CODE</small>	<small>HOME PHONE NUMBER</small>
<small>PARENT'S OR GUARDIAN'S NAME</small>	<small>CONTACT TELEPHONE</small>	
<small>FATHER'S PLACE OF EMPLOYMENT</small>	<small>TELEPHONE</small>	
<small>MOTHER'S PLACE OF EMPLOYMENT</small>	<small>TELEPHONE</small>	
<small>IN CASE OF EMERGENCY – NOTIFY</small>	<small>TELEPHONE</small>	

**IF PARENT OR GUARDIAN IS NOT AVAILABLE IN AN EMERGENCY, NOTIFY: (FAMILY PHYSICIAN)**

1) _____	<small>TELEPHONE</small>
OR 2) _____	<small>TELEPHONE</small>

**IMPORTANT:** Please notify The School District of Philadelphia's All City Orchestra Summer Academy administrators if student was/is exposed to any communicable disease at anytime three weeks prior to program attendance.

NO    YES   \_\_\_\_\_  
if YES please give type of exposure

**HEALTH HISTORY (Check, giving approximate dates):**

Asthma: _____	Behavior: _____	Chicken Pox: _____
Convulsion: _____	Diabetic: _____	Ear Infection: _____
Hay Fever: _____	Insect Sting: _____	Ivy Poisoning, etc: _____
Measles: _____	German Measles: _____	Mumps: _____
Past Illness: _____	Contagious Illness: _____	
Other Drugs: _____	Penicillin: _____	Rheumatic Fever: _____
Operations or Serious Injuries (Dates): _____		
Hospitalizations: _____		
Chronic or Recurring Illness: _____		
Other Diseases or details of above: _____		
Any specific activities to be <u>encouraged</u> : _____		
Any specific activities to be <u>restricted</u> ? _____		
Permission for all program activities unless otherwise noted by physician: _____		
_____		
<b>Suggestion from Parent(s) or Guardian:</b> _____		
_____		

**SIGNIFICANT HEALTH HISTORY AND CURRENT CONDITIONS**

PLEASE LIST:

Medication taken: \_\_\_\_\_

Appliance worn (Glasses, Hearing Aid, etc.): \_\_\_\_\_

Conditions that modify activity (Seizures, asthma, heart condition, etc.): \_\_\_\_\_

